Department of Vermont Health Access
Pharmacy Benefits Management Program
DUR Board Meeting Minutes

September 13, 2022: 6:00 – 8:30 p.m.

Board Members Present:

	Andy Miller, RPH		**Lucy Miller, MD**		**Douglas Franzoni, PharmD**
	Joseph Nasca, MD		**Margot Kagan, Pharm D**		
	Claudia Berger, MD		**Annie Daly, PharmD**		

DVHA Staff Present:

	Carrie Germaine, DVHA		**Sandi Hoffman, DVHA**	
	Lisa Hurteau, PharmD, DVHA		**Taylor Robichaud, DVHA**	
	Michael Rapaport, MD, DVHA		**Ashley MacWalters, DVHA**	

Change Healthcare Staff Present:

	Jacquelyn Hedlund, MD, Change Healthcare		**Laurie Brady, RPh, Change Healthcare**		**Carla Quinlivan, Change Healthcare**

Guests/Members of the Public: Jane Guo (Novartis), Anna Loh (Calliditas Therapeutics), Andrew Seaman, MD (Better Life Partners), Kimberly Blake, MD (UVMMC), Elly Riser, MD (UVMMC), Nels Kloster MD, (Savida Healthcare), Anthony Folland (VT Dept. of Health, State Opioid Treatment Authority), Kristen Chopas (Gilead Sciences), Amy Cunningham (NZAC), Tricia Mulcahy, Sara Stolfus, Tom Seignious, Glenn Cornish, Janet Rose

- **Executive Session**
- **Introductions and Approval of DUR Board Minutes**
- **Election of DUR Board Chair**
- **DVHA Pharmacy Administration Updates**
- **DVHA Chief Medical Officer Update**

- **Follow-up Items from Previous Meetings**
  - None at this time.

- **RetroDUR/DUR**
  - Data presentation: Opioid Use from Multiple Providers
  - Introduce: Proposed RetroDUR topics for 2023

- **Clinical Update: Drug Reviews**

Biosimilar Drug Reviews

- None at this time.

Full New Drug Reviews

- Dartisla® ODT (glycopyrrolate)

  Recommendation: Add Dartisla ODT™ (glycopyrrolate) with QTY LIMIT = 4 tabs/day, Glycopyrrolate 1mg/5ml oral solution (compare to Cuvposa), Robinul® (glycopyrrolate) 1mg, and Robinul® Forte (glycopyrrolate) 2mg to non-preferred.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Fleqsuvy™ (baclofen) and Lyvispah™ (baclofen)

  Recommendation: Add Fleqsuvy™ (baclofen) oral suspension and Lyvispah™ (baclofen) oral granule packet to non-preferred.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Leqvio® (inclisiran)

  Recommendation: Add Leqvio® (inclisiran) prefilled syringe to non-preferred. Remove labeler restrictions for preferred Praluent formulations.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Seglentis® (celecoxib and tramadol hydrochloride)

  Recommendation: Add Seglentis® (celecoxib/tramadol) oral tablet to non-preferred. Remove Qdolo® (tramadol) oral solution from the PDL.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Tarpeyo™ (budesonide)

Recommendation: Add Tarpeyo™ (budesonide) delayed release capsule to non-preferred.

Board Decision:
☒ Approved
☐ Approved with modifications
☐ Not approved
☐ Deferred

- **New Managed Therapeutic Drug Classes**
  - None at this time

- **Therapeutic Drug Classes – Periodic Review**
  - Allergen Extract Immunotherapy

    Recommendation: Add note that All products require a PA.

    Board Decision:
    ☒ Approved
    ☐ Approved with modifications
    ☐ Not approved
    ☐ Deferred

  - Analgesics: NSAIDs (new drug Lofena® (diclofenac potassium) and Elyxyb® (celecoxib) included)

    Recommendation: Remove EC-Naprosyn® (naproxen sodium enteric coated), Indocin® (indomethacin) suppository, Mobic® (meloxicam) tablets, Qmiiz (meloxicam) ODT™, Tivorbex (indomethacin) capsules and Vivlodex® (meloxicam) capsules.
    Add Meloxicam capsule (compare to Vivlodex®), Naproxen suspension, Ibuprofen/famotidine (compare to Duexis®) with QTY LIMIT: 3 tablets/day, and Naproxen/esomeprazole (compare to Vimovo®) to non-preferred.
    Move Naproxen Sodium 275 mg and 550 mg and Mefenamic acid capsules to preferred.
    Add Elyxyb™ (celecoxib) oral solution and Lofena™ (diclofenac) tablet to non-preferred.

    Board Decision:
    ☒ Approved
    ☐ Approved with modifications
    ☐ Not approved
    ☐ Deferred

  - Analgesics: Topical Anesthetics

    Recommendation: Move Synera® (lidocaine/tetracaine) Patch to non-preferred.

    Board Decision:

☒ Approved
☐ Approved with modifications
☐ Not approved
☐ Deferred

- Iron Chelating Agents

  Recommendation: Add Deferasirox dispersible tablet, Deferasirox granule pack, Deferiprone tablet, Ferripirox® (deferiprone) tablet, Ferripirox® solution, Jadenu®(deferasirox) tablet, and Jadenu®granule pack to non-preferred.
  Move Exjade® (defarasirox) dispersible tablet to non-preferred.
  Move Deferasirox tablet to preferred.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Opioid Dependency, Opioid withdrawal treatment, Overdose Treatment, and Alcohol Dependency (new drug Zimhi® (naloxone HCl) included)

  Recommendation: Rename category to Substance Use Disorder Treatments with sub-categories Alcohol Use Disorder, Opioid Use Disorder, Opioid Withdrawal Treatment and Overdose Treatment.
  Add Zimhi™ (naloxone HCl) 5mg Prefilled Syringe to non-preferred.
  Remove Antabuse® (disulfiram) and Probuphine® (buprenorphine) subdermal implant from the PDL.
  Move Naloxone HCl (compare to Narcan® 4 mg Nasal Spray) with QTY LIMIT: 4 single-use sprays/28days to non-preferred.
  Add Zimhi™ (naloxone HCl) 5mg Prefilled Syringe to non-preferred.
  Move VIVITROL® (naltrexone for extended-release injectable suspension) with QTY LIMIT: 1 injection (380 mg) per 28 days to preferred (clinical criteria no longer required).
  Bring class back to another meeting for further discussion of quantity limits and maximum allowable dose.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Otic Anti-Infectives/ Anti-Inflammatories

  Recommendation: Add Ciprofloxacin/Dexamethasone (compare to Ciprodex®) otic suspension, DermOtic® Oil (fluocinolone acetonide) 0.01%, Flac® Oil (fluocinolone

acetonide) 0.01% and Ciprofloxacin/Fluocinolone otic solution with QTY LIMIT: 28-units dose packages/7days to non-preferred.
Add Corticosteroid Fluocinolone Oil 0.01% to preferred.
Remove Otovel® (ciprofloxacin 0.3%/fluocinolone 0.025%) otic solution and Otiprio® (ciprofloxacin 6%) otic suspension from the PDL.

Board Decision:
☒ Approved
☐ Approved with modifications
☐ Not approved
☐ Deferred
☐ None needed

- Phosphate Binders

  Recommendation: No changes at this time.

  Board Decision:
  ☐ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred
  ☒ None needed

- Ulcerative Colitis (non-biologic oral and rectal agents)

  Recommendation: Move Uceris® (budesonide) ER Tablet with QTY LIMIT = 1 tablet/day to preferred.
  Remove Entocort EC®* (budesonide 24 hr cap) from the PDL.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- **Review of Newly-Developed/Revised Criteria**
  - 2022/23 Influenza Vaccines

    Recommendation: Add age edit to make Fluzone High-Dose, Flublok, and Fluad preferred if the member is ≥ 65 years of age with no Medicare coverage.

    Board Decision:
    ☒ Approved
    ☐ Approved with modifications
    ☐ Not approved

☐ Deferred

- **General Announcements**
  Selected FDA Safety Alerts
  - None at this time.

- **Adjourn** **8:44 pm**